



Clark County  
Regional Support Network

**Report to WA Mental Health Division  
Negative Media Event  
Related to CCRSN Consumer**

**Name:** \_\_\_\_\_ **Date of Incident:** \_\_\_\_\_

**Date Reported to RSN:** \_\_\_\_\_

**Provider:** \_\_\_\_\_

**Incident:**

---

---

---

---

---

**Follow-up:**

---

---

---

---

---

---

---

---

---

---

**Report by:** \_\_\_\_\_ **Date Faxed to MHD:** \_\_\_\_\_